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CATARRHUS ÆSTIVUS, OR HAY FEVER.

From the Clinical Lectures of Dr. Elliotson on the Asthma.

CERTAIN writers have spoken of what they call a summer cold, *catarrhus æstivus*. The first medical composition that I read upon the subject, and the first that I ever knew to exist, was by Dr. Bostock, the celebrated chemist. It was from him I learned that some writers spoke of *catarrhus æstivus*; but I do not know to whom he alludes. Dr. Bostock states, in one of the volumes of the Medico-Chirurgical Transactions, that at a certain time of the year he begins to sneeze—he has a running of the eyes, and all the symptoms of catarrh—and that these continue for a certain length of time, wherever he is, and whatever he does. In a second paper, published by him about three years ago in the same work, he again refers to the subject, and relates his own case at considerable length. Before that time I had heard people talk about hay fever and hay asthma, but I could not comprehend what they meant. I was told that certain distinguished personages had *hay fever*. It appears to be quite an aristocratical affection, not at all visiting hay-makers, or those who have to do with hay and straw. I never met with such a thing in practice; and it appeared to me to be a highly gentleman-like, and indeed, I may add, noble affection. I could not tell what to make of it, and I disregarded it entirely, supposing it to be a sort of anguish or hypochondriacal affection, of which those who had little to do frequently became the subject. I had no idea that it was an affection of the chest, till I read Dr. Bostock's paper. I happened, however, last year, to be attending in a family, where the mother of the lady was said to have been the victim of it for many years. She was a very sensible and superior woman; and she stated, that at a certain time of the year, when the grass came into flower, she was dreadfully distressed in breathing, and was obliged to leave her house, and go to as barren a place as she could find at the sea-side, and there she obtained comparative ease. She told me this had been the case for many years; that she had tried everything in vain; that nothing did her good. She was not the only member of the family afflicted with it; for an uncle, some of her nephews and nieces, and some of her cousins, labored under it. It was decidedly an hereditary family matter.

As there are some curious features in these cases, I alluded to them in a clinical lecture delivered at St. Thomas's hospital last year. I knew that that course of lectures was published, and I thought that the shortest way to make the thing known was to mention it then, and away it would go. The consequence was, I received several exceedingly

kind letters from gentlemen unknown to me, giving me facts upon the subject; and as the matter is very interesting, I will read a few of them.

Mr. Gordon's description of Hay Fever.—In consequence of your expressing a wish to receive information on this extraordinary complaint, I have taken the liberty of troubling you with this letter. I beg leave to state, that I have witnessed several instances of hay fever and hay asthma; and, in the 87th Number of the London Medical Gazette, bearing date Aug. 1st, 1829, I published a short account of the nature, symptoms, causes and treatment of these curious disorders. In that memoir I have observed, that the best preservative against their attack is the cold shower-bath. For the last two seasons, however, whilst employing this, I have administered the sulp. quinine with the sulp. ferri; the former in doses of two or three grains, the latter in doses of one grain, three times a day. The success which has attended this prophylactic treatment has exceeded my highest expectations. With two of the most severely afflicted of my patients on whom it has been tried, it has answered so effectually, that both of them have this year been able to walk through a rich meadow without suffering in the slightest degree; although formerly, if they had ventured out into such a situation, they would have brought upon themselves all the agonies of spasmodic asthma.

'I hope you will do me the honor to read over the description which I have given of hay asthma in the above-named medical journal,'—and so on.

Another description of Hay Fever.—Another letter is from a practitioner at Bristol, who says,

'I knew nothing about hay fever, as any definite disease; but your description of it is, with little exception, a very accurate detail of what I have suffered every June for several years.'—Here was a gentleman who had been ill every summer for several years without being aware what his particular complaint was.—'Were I not,' he proceeds, 'at the present time, annoyed by this troublesome affection, I should probably not have found leisure to give you the trouble of reading anything on this subject.

'The attack generally begins with me the latter end of May, with great itching of the eye-lids, particularly at the inner canthi, from which I regularly, during this month, extract some cilia, which grow very near the cornea, and increase the irritation. My most troublesome symptom is sneezing: it is of a violent kind, and often continues till I have sneezed eight or ten times. The defluxion from the nostrils is most copious at these periods of the day, while, in the intervals, I have no catarrhal symptoms: the expectoration of clear mucus is also considerable. My sneezing attacks are sure to come on while I am visiting my patients, to my great annoyance. This comfortless state generally continues for five or six weeks, but is never sufficient to interrupt any of my employments, or render any confinement necessary, though I am always free from it when in the house. How far grass or hay have anything to do with this affection, I cannot satisfactorily determine. There are certainly several hay-fields within a quarter of a mile of my house. The air seems to make me worse, and an open window is my abhorrence while I am thus indisposed. Last week I spent an hour or two in a

friend's hay-field, with a party of ladies ; but the syllabub, the ladies, and the pastoral sports, had no amusement for me, and I was glad to get to a corner of the park, where my streaming eyes and nostrils, and noisy sternutations, might escape both remark and commiseration. Certainly, during that afternoon, in the hay-field, was the worst attack I have had ; but whether it was the air which was cooler than usual, or the hay, I could not tell. I must however confess, that my fancy on the subject has always leaned more to the effect of some subtle particles of an irritating nature than to the ordinary causes of catarrhal affections.

'My lungs are rather asthmatic ; formerly I had a good deal of asthma. I have never found time to try any remedies, but shall certainly bear in mind yours, should I have this visitation next year.'

Dr. Bulman's Cases of Hay Fever.—I have another letter from Dr. Bulman, of Newcastle-upon-Tyne, who has given me several cases, of which the following is one :—

'D. B., æt. 36, is of a spare but robust habit, and free from any constitutional or hereditary affection, except perhaps the gout. He has been liable since his seventh year, if not sooner, to annual attacks of the disease so ably described by Dr. Bostock, under the name of *catarrhus jestivus*, in the 14th volume of the *Medico-Chirurgical Transactions*.

'The disease invariably commences about the second or third week in June, with a sense of uneasiness, heat, and itching in the tunica conjunctiva ; but the itching is more particularly severe along the tarsus, and in the caruncula lachrymalis. On examination, this membrane is found to be considerably inflamed, but, except in the severer attacks, the inflammation does not extend to the eye-ball. The symptoms before mentioned are attended with watering of the eyes—increased secretion from the meibomian glands—a sense of fulness or rather distention of the eye-ball—intolerance of light—and weight in the forehead. The itching gradually increases in violence till it becomes almost insufferable, compelling the patient, notwithstanding every resolution to the contrary, to rub his eyes, by which it is always considerably allayed.

'In the course of a few days, but sooner if the patient has exposed himself to the sun, the inflammation extends to the schneiderian membrane of the nose, attended with itching and stuffing of the nostrils, increased secretion of mucus, and violent paroxysms of sneezing ; which are also excited by dust of any kind, exposure to the heated external air, effluvium of new-made hay, and the odor of the bean-flower—perhaps, also, by other odors.

'As the disease continues to advance, the membrane of the fauces and lungs is affected, giving rise to a sense of dryness and extreme itching or pricking in the throat, and slight cough, with tightness of the chest, and difficulty of breathing ; but there is little or no expectoration.

'There are several paroxysms daily, which commence with intolerable itching and tingling of the eye-lids, and are followed by the most violent fits of sneezing, accompanied by a copious discharge of mucus from the nasal passages ; after which the patient obtains a longer or shorter respite ; for the paroxysms recur at uncertain intervals, save that one invariably takes place about half an hour after rising in the morning.

'The tightness of the chest and difficulty of breathing, though suffi-

ciently distressing, have seldom been very urgent ; but on two occasions they rose to such a height, that the patient conceived himself in danger of instant suffocation.

‘In severe attacks the eye-lids become cedematous.

‘During the whole course of the disease the patient is languid and listless, and, though restless, is averse to motion. His temper is more irritable than natural ; but his pulse is scarcely, if at all, affected. His bowels are regular, and his appetite rather increased than diminished.

‘The disease continues till about the end of July or the beginning of August, when it almost imperceptibly declines ; and it is remarkable, that the patient is then able to expose himself to the hottest sun without the recurrence of any of the above detailed symptoms,—showing, of course, that it does not depend upon the temperature,—and indeed, during the violence of the disease, exposure to the open air early in the morning, and in the evening after sun-set, causes but little inconvenience.

‘The patient has had attacks of the disease in France, Switzerland, and Italy. In the two former countries it was as severe, but not more so, as in England ; and it is extraordinary, that in Italy, notwithstanding he was daily exposed to the powerful sun of Rome, in the month of June, the disease, though it began earlier, was nevertheless considerably milder, and also of shorter duration, than elsewhere.

‘Most of the internal remedies mentioned by Dr. Bostock have been tried, but in vain. Bathing in salt water, both cold and tepid, has been had recourse to. The former is apparently without effect ; the latter has only seemed serviceable, inasmuch as it has relieved the tightness of the chest, and the difficulty of breathing.

‘Of local remedies, the only one which has proved of any efficacy is the ung. hydrarg. nitratis, properly diluted. This, though it occasions considerable pain when applied to the eye-lids, has always greatly allayed the itching and smarting, and has even seemed, probably by being carried into the nostrils with the tears, to diminish the irritability of the schneiderian membrane, and hence lessen the violence of the sneezing, a most distressing symptom. The vinum opii was tried many years ago without any benefit, as in the case of Dr. Bostock,

‘With respect to a residence at the sea-side, it may be observed, that the only instance of the disease attacking the patient previous to the usual period was in the last week in May 1829, during hot weather, whilst he was residing for a few days in an airy house, situated on a cliff overhanging the German ocean. The attack, however, was slight, and lasted for two days only ; but again returned at its usual period in June.

‘As to diet, the patient is decidedly worse when living low.

‘The above detail was written some months ago,’ continues Dr. Bulman, ‘and I am happy to state that the patient almost entirely escaped the disease this year, by merely commencing, some time previous to the expected period of attack, to anoint the eye-lids at bed-time with the ointment, and bathing them occasionally during the day with a collyrium composed of rose-water and acetate of zinc ; and after this had dried, smearing them with simple spermaceti ointment, to remove the stiffness left by the collyrium.

‘I have only heard of one other example of this curious disease in

this neighborhood. The patient is a gentleman of fortune, and the instant he approaches a hay-field he is attacked. I have never been able to hear of the disease in the lower walks of life, though my situation, as physician to two extensive charities in this town, has afforded me ample opportunities of meeting with it, did it exist among them.

I may add, that none of the patient's family—that is to say, neither his father, nor mother, nor brothers, nor sisters, though originally amounting to thirteen—were ever affected in the slightest way by this distressing complaint.

[The Medical Gazette, from which these remarks are extracted, contains letters of like import from several other sources. We pass immediately to the treatment recommended by Dr. E.]

Treatment.—Seeing that the emanations from the grass, the pollen in all probability, was a compound, but whose constitution I myself do not know, I fancied that it might be destroyed in its composition, broken up by the chlorides, the same as some animal matter. I therefore requested a gentleman who had the disease to try it, and he did so with the most perfect success. This was the first case that I ever saw of the disease. A gentleman came to consult me upon it about three years before I saw the lady. I told him at once that I knew nothing of the affection, and I sent him away as he came, so that neither he nor I got anything by the interview. I told him that I had heard of such a thing as hay fever existing among distinguished lords and ladies, but I could not conceive what it meant, and therefore I could give him no advice. I casually met him after I had read Dr. Bostock's paper, and I requested him, as a favor to myself, to try the effect of a solution of the chloride of lime or soda. I directed him to place it in saucers about the bedroom, to have rags dipped in it and hung upon the backs of chairs, to wash his hands and face with it night and morning, and to carry a small bottle with him, and repeatedly smell it in the course of the day. He complied with my request, and the result was highly satisfactory. The irritation of the ears (for in his case they also were affected), the tingling and the smarting of the eyes and nose, all ceased; and by using this precaution he got through the summer exceedingly well. Whether the chloride acted by destroying the emanations, or by lessening the irritability of the mucous membrane, or of the skin, I do not know. The chlorides, if well diluted, diminish the morbid irritability of the surface, and therefore they might in this case have acted in that way; the treatment, however, was perfectly successful. The lady said that she had used everything, but in vain; and I could not prevail upon her to try the remedy.

In consequence of making this known in the clinical lecture, it is said by Mr. Poyser that one of the sons of the lady affected with the disease employed the chloride of soda. Mr. Poyser says, 'The chloride of soda has been of great use to this gentleman, removing at once the sensibility of the nostrils and eyes, and thus allaying the sneezing, cough, and inflamed and watery state of the eyes.' But he adds, 'Mrs. P. A. has not experienced any perceptible advantage from the chloride.' Three out of four, however, did. When persons are subject to spasmodic asthma also, I should recommend them to breathe through water impregnated

with the chloride ; and a larger quantity ought then to be employed about the bedrooms than when they have hay fever alone.

Ipecacuanha the cause of Asthma.—Some persons are peculiarly affected by other substances. Many persons have a peculiar susceptibility of ipecacuanha ; this is by no means uncommon. If ipecacuanha be powdering in a chemist's house, some persons will be seized with a violent paroxysm on entering it. I have known an instance or two of this description. I heard a physician say, that there was a case related on which he could depend—but I would not myself vouch for its accuracy—of a person who had such a susceptibility of ipecacuanha, that on entering a room and being seized with asthma, he declared that there was ipecacuanha about. It was at first denied, but at last some one recollected that there was a box of ipecacuanha lozenges in a table drawer. That was going very far ; but it is a fact, that some persons are seized with asthma if ipecacuanha be near them.

Effects produced by the smell of different animals.—As I shall not have another opportunity of doing it, I may mention here, that other persons are peculiarly susceptible of various things. Some are affected by the emanations of an animal. You will remember that Shakspeare alludes to some females who cannot bear a sucking pig ; and some cannot bear a cat ; some are made miserable if a cat be near them. It does not produce asthma, but the emanation from a cat has such an effect upon them, that they are quite wretched. Mr. Poyser states, that a son of the lady who had hay asthma is made asthmatic by the smell of Guinea pigs. When he is in a room where they are, he is immediately seized with difficulty of breathing. I have a note from a gentleman, in which he informs me that a nobleman with whom he is acquainted, is affected by sneezing and asthmatic affections by coming in contact with a hare, or rather the fur of a hare, and remains ill for several days afterwards. He experiences great suffering whether the hare be dead or alive.

Hay Asthma not confined to the upper classes.—I have another letter on the subject of hay asthma, from Brighton, but I will only read a portion of it. Dr. King says, 'I know a member of parliament who has come to Brighton every summer for some years, in order to avoid the disease at home. A lady also comes from Clapham for the same purpose, and with the same good effect. The lady, however, whom I saw with it, told me that she knew a cobbler's wife who had it, and that several persons of the lower orders, to her knowledge, had the disease.' Dr. King, in his letter, goes on to say, 'Last year I met at Lewes a farmer's wife, subject to the same complaint, and obliged every hay season to take refuge in a town. She bears up against it as long as possible, shuts herself close up in her room, till a sense of suffocation comes on, as in common asthma, when she is obliged to throw open the window, by which she lets in a fresh dose of poison, and has the same routine to go over again, till she is obliged to fly. As soon as she quits the regions of hay, she experiences immediate relief. I dined lately in company with a lady who went into convulsions as soon as her plate was put before her, containing some peas which had been boiled or dressed with mint. We carried her out of the room, and she did not feel quite well all the evening. Her daughter, who sat next her, was not similarly affected.'

These are circumstances worth knowing, because, if you were not acquainted with them, you might ascribe cases of this description to whim and fancy. It would be very odd if they were confined to the higher orders only : it is a thing exceedingly improbable. The fact is, the lower orders consider it as merely a common cold, and they do not apply for medical advice, being unable to pay for it, unless they are tolerably ill. They do not think of applying to a public charity because they are seized with a violent sneezing ; or if they do, it is a solitary case, and is treated as asthma, the nature and causes of the disease not being known.

Curious cases by Laënnec.—Laënnec has no idea of it, but he mentions one or two curious circumstances. He says that the following fact was communicated to him by one of his colleagues, as affording a curious instance of nervous affection in a man not subject to asthma. 'A man, 40 years of age, slightly hypochondriacal, but otherwise in good health, wished to go on horseback to pay a visit some leagues distant from his house. As soon as he left the town where he resided, which is situated in an extensive plain, he felt an immediate oppression on the chest, from the impression of the country air. He took no notice of this at first ; but the dyspnoea having greatly increased, and being now attended by a sense of faintness, he determined to return. He had scarcely turned his horse, when he found himself better ; and in a few minutes he recovered both his breath and his strength. Not suspecting any relation between this momentary uneasiness and his journey, he once more attempted to advance, and was again soon attacked with the dyspnoea and faintness. On turning towards the town, these passed off. After having made repeated attempts to proceed, and always with the same result, he finally returned, and in just as good health as when he set out. I have lately met (continues Laënnec) with a case very analogous to the one just related, only that in this the symptoms were more severe and the cause different. Count H., a man of robust constitution, and, although now 82 years of age, still possessed of a degree of vigor unusual even at the age of 60, has been subject from his infancy to attacks of asthma, and is habitually somewhat short breathed. Since his fiftieth year he has had a slight cough, and in the morning a pituitous expectoration, intermixed occasionally with some yellow sputa. The asthmatic attacks have always been unfrequent with him, but they have invariably come on if any person has inadvertently shut his bedroom door, or if his night lamp has by any chance gone out. As soon as either of these accidents occur, he immediately awakes with a feeling of oppressive suffocation, and after a few minutes he becomes insensible. On the occasions alluded to, the attack is got rid of by opening the doors and windows, lighting the candles, and carrying the patient into the open air.' I presume it is the smell of the lamp which causes it, and perhaps the emanations from his own body—the smell of his own perspiration when he is shut up : that possibly is the cause.

CASES ILLUSTRATING THE TYPHOID FORM OF CROUP.

[Communicated for the Boston Medical and Surgical Journal.]

N. K., a female child aged 3 years, had hooping cough, during which she was attacked with croup. Her parents, little acquainted with sickness, supposed these symptoms to be only an aggravation of the first disease; and believing, as too many do, that medical advice is unnecessary in that disease, neglected to call me in till twenty-four hours had elapsed from the attack. By this time the symptoms had become very alarming. The respiration was exceedingly difficult; the surface, particularly the face and extremities, were dark colored; the extremities were cold, tongue and fauces dark, the tonsils enlarged, the pulse was very frequent, and the child was very restless and irritable. The bowels had been costive; and during the paroxysms of coughing, vomiting often took place. An emetic of bloodroot was given, and after its operation such doses were administered as would remain on the stomach, at intervals of an hour. Small doses of calomel were frequently repeated, and the feet were immersed in warm water to restore the warmth. After the calomel operated as physic, it was combined with such doses of the Dover's powder as would prevent too much catharsis. Ten hours after the first visit no relief was procured by the remedies, and the symptoms were, if possible, more distressing. The cough, which was severe, was hardly audible. An emetic of subsulphate of mercury was now given, which operated thoroughly without affording any relief; a blister was applied to the throat, and a solution of the nitrate of silver (twenty grains to an ounce of water) was directed to be extensively applied to the fauces, with the brush of a quill, every hour. Five grains of calomel and two of Dover's powder were continued through the night. After the third application of the solution to the fauces, the symptoms were immediately mitigated. In the morning, twenty hours after our first visit, we found the child calmly sleeping, respiration quite easy, skin moist and of a pleasant temperature. The mouth and fauces were very sore, of a florid redness, and in some parts the cuticle was off. The local soreness produced by the solution was very annoying for two or three days, when it got better, and all the symptoms of croup disappeared.

CASE II.—R. R., a stout healthy boy, aged 3 years, was attacked with croup. A hoarseness had been coming on for three days, which increased suddenly so that he could utter no more than a whisper. His respiration was very laborious, skin cool, pulse rapid and small. He had complained of soreness of throat and difficulty of swallowing from the first. Upon inspecting his throat, the tonsils were found enlarged, of a dark red color, and covered on the side with ash-colored sloughs. Warm applications were made to his feet and legs. An emetic of the tincture of bloodroot was given him, and calomel and Dover's powder as in Case I. The bloodroot was also continued in smaller doses, frequently repeated. During the first twenty-four hours there was little change in the symptoms. The next day the remedies were continued, and the solution of nitrate of silver was applied to the fauces. After this

application had been made repeatedly to the fauces, he complained of great soreness and difficulty of deglutition, the membrane assumed a florid redness, and he resisted the application with great effort. From this time convalescence commenced, and by the fourth day he was well. This child had frequent attacks of croup afterward of a common character, of which he was always relieved by a free use of calomel, bloodroot, and opium, in the form of Dover's powder.

CASE III.—A child of H. W., aged 2 years, had been ill of hoarseness and soreness of throat two or three days. On the evening previous to its severe illness, it played about till bed-time, when suddenly all the symptoms of severe croup were manifest. Being absent myself, a pupil of mine gave an emetic of antimonial wine, about 11 o'clock. Almost immediately the child collapsed, became cold and flaccid; the emetic did not evacuate the stomach, but moved the bowels freely. In this situation a messenger was despatched for me. I arrived at 1 o'clock, and found that the child had just expired.

CASE IV.—A child of A. B., in the summer of 1832, was attacked with croup. The parents lived some distance from a physician, and delayed sending for medical aid till the skill of the neighborhood was exhausted. While preparing to despatch a messenger for me, a young physician of little experience happening to pass by, was called in to prescribe for the child. He allayed the anxiety of the family, told them that the child would soon be relieved by the remedies, left an antimonial emetic, and promised to see it the next day. During the operation of the emetic, the child collapsed, and died in a few hours.

CASE V.—A child of T. H., aged 4, was attacked with croup. The symptoms were unequivocal and severe. A young gentleman who had been with me but a short time, saw the patient in my absence. The surface was cool and pale, the respiration very distressing, the cough urgent. An emetic, calomel and bleeding, were the remedies prescribed, without relief; the symptoms were constantly getting worse. In the evening, ten or twelve hours after the first prescription, I saw the patient. The surface was livid, cold and moist; the bowels had moved freely; the restlessness was extreme—the powers of life were fast sinking—and death took place in two or three hours after.

CASE VI.—Two days after, the only remaining child of T. H., aged 2 years, was suddenly attacked with symptoms like the other—neither had been quite well for some days. I saw the child soon after the symptoms of croup were manifest. Upon examining the fauces I found them dark colored, the tonsils enlarged and covered with ash-colored sloughs. The respiration was laborious, cough dry and hoarse, skin cool, pulse rapid and irritated. The feet were immersed in warm water, a strong infusion of capsicum was administered frequently in small quantities, warm wine whey with ammoniated alcohol was frequently given. Strong volatile liniment was frequently rubbed over the throat and chest; calomel, combined with Dover's powder, was administered, so as not to act too freely upon the bowels. The tincture of bloodroot was also given. The child soon appeared better, and was well in a few days.

Cases of this kind, illustrating the character of croup, without reaction, or with typhoid or erysipelatous inflammation of the diseased tissue, and diminished general vascular action, might be multiplied if it were necessary. It is conceived, however, that enough have been related to establish the fact that indiscriminate practice is inadmissible in croup.

For a number of years I have been in the habit of closely inspecting the fauces in cases of croup. By this means I doubt not that I have been saved from many a fatal mistake in my prescriptions. Croup is a rapid disease—it affords the practitioner little time to correct his own errors. It is highly important that his first impressions be correct, and that the practice, founded upon true pathological principles, be promptly and faithfully applied. W.

June 20, 1833.

MEDICAL JURISPRUDENCE.

Nemo recte, de officio, judicare potest, nisi artifex.

[Communicated for the Boston Medical and Surgical Journal.]

PHYSICIANS, as a body, are probably more deficient in medical jurisprudence, than in any other department of their profession. Not more than one or two in a county, and in some instances in a State, appear to have ever attended to the subject, with a degree of accuracy in any manner proportioned to its high importance. Nevertheless, when physicians are summoned before a court of justice, for the most part, they are all equally ready to give an opinion; and after they have once expressed it, they seem to consider that they are bound in honor not to change their mind, whatever may be the additional evidence. There is commonly a great discrepancy of opinion, and the variation in the judgment of different members of the profession is, perhaps generally, in direct proportion to the degree of their information in relation to the subject matter under consideration. These different and sometimes clashing opinions usually confound the court and jury, and leave an impression that medical testimony, at best, is very uncertain, and but little to be depended on, in making up a verdict. Very little attention appears to have been hitherto given, by courts, to the knowledge and skill of the professional witnesses, whereas these are all important points, where opinions are concerned; but on the same principles as in cases of fact, the number of the witnesses, rather than their competency and the weight of their testimony, as far as their influence goes, seems to decide the question. As there are ever more superficial than learned physicians—more who are liable to give hasty opinions, than there are of those who act from cool, deliberate judgment, it is believed that in the present state of things the legal decisions upon medical subjects, in the majority of cases, are erroneous, and that better justice would often be done if no professional opinions had ever been expressed.

Neither the legal nor the medical department is entirely free from censure, though a much greater share of the fault lies upon the latter than the former. Every lawyer ought to be acquainted with the outlines of the subject, and to know so much about it as to be able to determine, in

a good degree, whether a physician understands the matter, and gives his opinions from correct principles, or from mere accident and prejudice.

The main difficulty, however, arises principally from the physicians. As a body, it is apprehended they have not attended to the subject, and scarcely know that in most instances it rests upon certain well known and acknowledged principles, and consequently may be reduced to a science. In this respect, medical jurisprudence differs widely from the practice of physic. The mere empiric, if he has only a happy tact, may often be a pretty good physician, with very little professional learning; but learning and science are indispensable in medical jurisprudence. An accurate acquaintance with anatomy, physiology, nosology, inateria medica, chemistry, and other auxiliary branches, is here demanded. There is usually some very striking defect, where it is necessary to examine a dead body, and many of the vital parts are often left uninspected. An instance is recollected, of supposed strangulation, in which the brain, lungs, heart, stomach, and intestines, were not examined at all, and yet the physician gave it as his decided opinion that it was a case of strangulation, and the prisoner was convicted of murder and executed.

It would be easy to multiply instances of a similar description, not only in this country but in England, where courts have been misled by the ignorance and palpable mistakes of physicians. As respects a thorough examination of a dead body, in general, there can be no apology for a deficiency, and every court ought to know when this is imperfect; and it must certainly act upon wrong principles, if a superficial and partial inspection is allowed to be of any weight when a complete investigation was practicable. In fact, the blunder of the physician, from defect of anatomical examination, ought to acquit the accused; since it is not only a maxim of law, but of common sense, that the fullest evidence which the nature of the case admits of, is demanded.

In the late case in an adjoining State, which has produced such great excitement all over the country, it is much to be lamented that the early inspection of the body was so very imperfect. It was an important point to ascertain whether it was a case of suicide, or of murder by a foreign hand. All the means which were available to decide the question were not resorted to in season; and the subsequent examination could not remove the difficulty. It is not here intended to censure the gentlemen who conducted the first examination, as the circumstances which then precluded a more accurate investigation are not known. However, this case, and the other which has been referred to, ought to make a strong impression upon the profession, and teach them hereafter to omit no circumstance which can possibly throw any light upon an intricate case. They ought to be familiar with medical jurisprudence, to make it one of their first studies, and never to go into a court so unprepared as to jeopard the life of a fellow citizen, from a hasty or superficial examination, and from crude opinions formed from inadequate data.

A CURIOUS AND INTERESTING HISTORY.

[The following account has been forwarded to us for publication by the author, by the advice of Alden March, M.D., of Albany, to whom it was originally communicated by his friend Dr. Baxter. It is well worthy of record. When remarkable cases come to us anonymously, we have declined publishing them; but the source whence we derived the present, is ample pledge of its authenticity.

North Blenheim, N. Y., May 15th, 1833.

M. MOREHOUSE, *stat.* 14 years, was sliding down hill on a hand sleigh with other boys. A piece of white-wood board, which lay in the road, was struck by one of the sleigh runners; one end of this board flew up, struck the boy a little on the right of the perineum, passed through the right foramen ovale, and probably into the pelvis; a piece of the stick, $5\frac{1}{4}$ inches long, was pulled out by the patient at the time of the accident, the extraction of which required the strength of both hands. His sleigh, which was going with considerable force, was stopped by the stick, the other end of which lay in such a direction as entirely to arrest its progress. The inner end of the piece pulled away was fresh broken, and had no blood or flesh on it. The patient was carried to a house, and a physician called in, who examined and dressed the wound. No bleeding of any consequence, and no other discharge, took place until a few days after, when there was evacuated a quantity of matter of a whey-like appearance. Anasarca sometime after supervened (precise time not known), and the feet punctured. From these punctures, water issued several days, nearly as fast, to use the patient's own words, as sap ordinarily drops from the tree. The pain all the time was very severe, and continued so for about two years, when the patient was carried to Cherry-Valley, and put under the care of Dr. Joseph White—a fistulous opening, where the stick passed in, having continued all the above time.

Dr. White lay open the parts in a direct line, running from the perineum across the opening and down the thigh, and used a tent in the original opening. Patient became very much emaciated, and could feel a hard substance in the right iliac and lumbar regions. After the tents were used a while, the stools began to pass the fistula. Patient was now kept quiet, and on the left side; the tents were soon discontinued, and the fistula readily healed, and has continued sound ever since. Health now began to improve, and in a few months was so good as to enable him to bear hard labor, and continued so for about sixteen years.

Being one day helping to raise a barrack, this man felt a sharp pain in his right side, and was obliged to lie down immediately. He then felt the pain in the umbilical region, and very soon after in the left side; it settled down, and continued there a severe pain for five weeks. In the site of this pain, a hard substance could be distinctly felt. At the expiration of five weeks, the patient, whilst at stool, discharged, by the natural passage, a piece of the board beforementioned, $7\frac{1}{4}$ inches long.

This was sixteen years, five months and sixteen days after the time of the accident. While the pain and tumor were in the left side, the doctors thought it a hernia, but never thought of the board, nor was it ever supposed to be the source of the trouble by any of the physicians during the whole time it remained in the abdomen.

The patient's health has been very good ever since, and he is now living a short distance from this place. The end of the stick that first passed in, came out first. The stick, when it came away, had three collections of roundish balls concreted on it; one near the end that first passed in, one near the middle, and one near the opposite end. These knobs are of various sizes, some nearly as large as a small hen's egg, and others smaller. They are, to appearance, all of the same substance, having a ligneous, earthy, and osseous appearance, but not exactly like either. The surface of the stick itself, for some depth, is of the same substance. The stick is in the possession of the patient, and I have often had the pleasure of examining it.

P.S.—The above case was somewhat novel to me, and I have thought it might be so to you. I have been advised by some medical friends to prepare a copy for publication. If you think it deserves to be spread before the profession in that way, please to state the paper in which you would insert it. Yours, &c. HIRAM BAXTER.

To Alden March, M.D., Albany.

DECEASE OF DR. WILLIAM ATCHERSON.

Extracts from an Address delivered before the Vermont Second Medical Society, at their Semi-annual Meeting, in June, 1833. By DR. JOHN H. WELLS.

[Communicated for the Boston Medical and Surgical Journal.]

MR. PRESIDENT AND FELLOWS OF THIS SOCIETY,—I crave your indulgence while I make a few brief remarks upon the character, and the disease which terminated the life, of our late friend and brother, Doctor William Atcherson.

He was taken unwell last September, immediately after a fall from his carriage, by which he was much hurt at the time; but he did not then, nor indeed ever after, appear to attach much consequence to the circumstance.

In consequence of my own ill health, and that of my family, I did not see him until some time in the month of November. From that time until his death, which took place on the 26th of January, the symptoms in his case were those, and only those, which usually accompany inflammation and suppuration of the liver. These have been so accurately described by authors who have devoted their time and talents to the subject, and they are so well understood by this audience, that it would be trespassing upon your patience for me to attempt a delineation of them. The remedial means made use of, were such as are usually resorted to in like cases. Bleeding by cups and leeches, the tepid bath, blistering, mercury internally administered, and externally applied by friction, were among those upon which the most reliance was placed.

Yet suffice it to say, the disease progressed slowly, but steadily, to its fatal termination.

The post-mortem examination discovered, as was anticipated, a large abscess, containing several pints of thick yellow pus; it pointed upwards, and had made an opening through the diaphragm, into the cavity of the thorax. Upon elevating the sternum, and bringing to view the cavity of the thorax, every one who witnessed it was astonished to find every vestige of the right lobe of the lungs had disappeared, and in its stead were found several quarts of thin sanious pus; yet there had not, since the early part of his sickness, been any troublesome cough or expectoration. *The stethoscope had been frequently applied during his illness, without leading those by whom it was applied to suspect any disease of the lungs;* and but two or three days previous to his death, by one who possesses a skillful hand and a discriminating ear, they were pronounced to be sound.

Thus terminated the brief earthly existence of him whose loss we sincerely deplore. At the very zenith of his prospects and usefulness, he was cut down, and will rise not till the last loud trumpet shall summon him.—The forebodings of approaching dissolution awaken the keenest sensibilities of our nature; the stoutest heart trembles at the prospect, and would feign linger yet a little longer on these mortal shores. 'O how mysterious and inscrutable are the ways of Providence!' 'Surely it is not in man to direct his steps.' But a few days since, as high a glow of health sat on his cheeks as that which flushes ours; but a few days since, that lifeless pulse could beat as well, those unstrung muscles could bound as high, as ours: prospects of health and long life were as bright and flattering as ours.

Dissolution, too, reigns throughout the world inanimate. Summer's green and verdant livery in sickly yellow pines away before the chilling breath of Autumn. The flowery tribes will scarce live out a summer's sun. The stately oak, which has endured the rude blasts of ages, threatening a kind of vegetable immortality, in rottenness dissolves and lies unnoticed from the dust it shaded. The hills, by perpetual washing, and by gravitation of looser particles, are sinking to a level with the valleys. Yea, the great globe itself (with awe I name it), and these material heavens, shall dissolve, and like the insubstantial fabric of a vision leave not a wreck behind.

The same unerring law of nature pervades universal creation. What myriads of insects flit and buzz away their lives in a summer's sun! What hecatombs of beasts are sacrificed to one revolving year! And is man mortal, too? Man, who measures the earth, counts the stars, subjects nature? Yes, my friends, immortal man is mortal. His life is swifter than a weaver's shuttle, and cradles do but rock him towards his tomb. What countless millions in successive generations have chased one another through the long annals of time, to their common home! How soon will this assembly, should all the hopes in it of long life be realized, moulder in the silent mansions of the dead! How soon the mighty myriads who now swarm on the face of the whole earth, surfeiting in unthinking mirth, or teeming with wise projects of future wealth, pleasures or honors, lie undistinguished from

the dust they tread on ! No age, sex, or condition, is privileged against the king of terrors. The tender infant—the youth, whose cheeks are flushed with health, whose tide of life runs high, who never thought of death but in distant prospect—the middle aged, and the old, may at an unexpected moment yield to the dread summons.

An afflictive Providence has deprived this Society of one of its most valuable members. Long had he been a Fellow of it, and his loss will be lastingly felt. As a practitioner of medicine, he was respectable, a careful investigator of cause and effect, judicious in his prescriptions, consequently successful. He possessed abilities, and he was ever ready modestly to use them for the benefit of his fellow men. His integrity was unsuspected, his character liberal, and he was, we humbly hope, a friend to that God in whose immediate presence he now appears.

CASES OF DISEASES OF THE KIDNEYS.

THE history of the pathological states of the kidneys is still very imperfect. The late Dr. Dance, who died a few months ago of cholera, one of the physicians of the Hôtel Dieu, at Paris, left some manuscript observations on this subject ; from these we select the most interesting.

CASE I.—*Numerous Calculi in the Substance of the Kidneys ; Dilatation of the Infundibula and Pelves, which were also inflamed.*

A girl, aged 23, entered the hospital on the 12th January, 1824. Two years and a half before, she first voided some blood with her urine, and felt severe pains at the time in the loins. The urine was muddy, thick, and afterwards whitish and purulent, and scanty in quantity. These symptoms continued more or less for 18 months, at which time she experienced a feeling of great weight and heaviness in the renal region, and the urine still deposited the same puriform matter, but there was no sand or gravel mixed with it. Three weeks ago the catamenia were suddenly suppressed by exposure to cold, and from that period she has been very ill, complaining of great pain and tenderness over all the abdomen and in the loins ; thirst, nausea, urine voided with much pain, and only in small quantities. Leeches were applied to the anus, and an emollient ptisan ordered. The severe pains of the abdomen were relieved, but those of the kidneys became worse and worse. Vomiting, pulse weak and feeble, facies hippocratica, announced approaching death, which took place two days after.

Dissection.—The kidneys were found larger by one third than usual, embossed on their surface, hard and resisting to the finger in some places, and fluctuating in others. On dividing them, the scalpel grated against numerous calculi nicked into the substance of the kidneys, and jets of pus escaped at the same time from many points. Nine calculi were found in the left kidney, and 15 in the right ; each of these was contained in a sort of cyst, lined with a mucous membrane, and was bathed in purulent matter. These cysts were the dilated calices and infundibula. The calculi varied in color, being white, yellowish, or ash-colored ; many were of the alternating sort, and consisted of nu-

merous layers of uric acid, and ammoniaco-magnesian phosphates. The proper substance of the kidneys was much wasted; the ureters were greatly thickened; bladder small, and its texture indurated; its mucous membrane affected with chronic inflammation.

CASE II.—*Acute Parenchymatous Nephritis, with Symptoms simulating those of Malignant Agues—speedy Death.*

A mason, æt. 35, had for three weeks suffered from a severe fixed pain in the renal region, which had been preceded by an œdematous puffiness of the lower extremities. No cause could be assigned for the attack. On admission, the renal region was found to be swelled and resisting to the hand; the whole abdomen was so tense as to preclude an accurate examination; the countenance expressed great anxiety, the pulse small and rapid. Venesection; blood inflamed. The symptoms were not relieved; the tongue became red and dry; the lumbar pain extended round to the epigastrium; and the urine was voided frequently and in small quantities; no sickness or vomiting; no pain nor retraction of the testicle, nor numbness in the groins. Shiverings, horripilation, and other symptoms of the cold stage of fever, came on; he was copiously bled; the pain of the kidneys not abated. For two or three mornings successively a similar febrile paroxysm recurred; the urine became of a blackish color, but deposited a white sediment.

On the 6th day after admission, the patient was much worse; features greatly altered; breathing difficult, and severe pain in the epigastrium and region of the kidneys. The quotidian paroxysms began with violent shiverings. Two days afterwards he died.

Dissection.—*Head*; three or four spoonfuls of serum in the ventricles. *Chest.* Lungs gorged with a frothy fluid. *Abdomen.* Left kidney quadrupled in size; at its upper part was a small abscess, between its tunica propria and the cortical substance, which was of a brown and purplish red color. Numerous small abscesses, varying in size from that of a pea to that of a hazel-nut, scattered through the texture of the kidney, but found chiefly near to its surface; here and there the pus appeared to be infiltrated through the renal tissue, which had become much softened and converted into a flaky detritus; its color was generally a reddish brown, but marbled with white points of suppuration. These morbid appearances were most conspicuous in the cortical substance. The pelvis was sound, and also the corresponding ureter. The right kidney was wasted, of a firm resisting texture, and not exceeding in size a hen's egg; its surface was irregularly undulating and embossed, as we observe in the fœtal state; pelvis and ureter healthy and quite permeable. Bladder contracted on itself; half filled with a thick muddy urine, like a decoction of brain.

Remark.—The preceding case is one of inflammation affecting the parenchyma of the kidneys, and not as in ordinary nephritis, the mucous membrane of the pelves and infundibula. The symptoms, with the exception of the fixed and severe pains in the loins, very much resembled those of a malignant intermittent, or perhaps rather remittent fever; the quotidian aggravation was very remarkable. Physicians should attend to this.

CASE III.—Hypertrophy and Ramollissement of both Kidneys, giving rise to general Dropsy.

A female, aged 32, stated that she had been, for 18 months, more or less affected with dropsy of the legs and belly. No cause could be assigned. The heart was deemed sound, upon auscultation; there were no palpitations or dyspnoea—could lie easily in the horizontal posture. A constant dull pain in the right hypochondrium; with the exception of this, the patient complained of no other uneasiness. Urine thin, limpid, and very scanty; thirst moderate, pulse small. The disease increased in spite of diuretics, and she died suddenly and unexpectedly a month after her admission. The symptoms were altogether of a negative nature.

Dissection.—Cellular texture loaded with serum. Half a pint of effusion in each pleura. Lungs and heart healthy. Several pints of serum in the abdomen. Liver healthy, although it was of a color somewhat yellowish; other viscera sound, except the kidneys, which were greatly enlarged, and also softened in texture; their color was that of yellow wax; the tunica propria adhered very loosely to the cortical substance, which was the structure chiefly affected, the tubular portion appearing healthy; the contrast between these two was very marked; by scraping with the finger, and having a stream of water to play on it, the whole of the former might be washed away, so soft it was, while the central medullary part was left. The infundibula, pelves, &c. were healthy.

Remarks.—The preceding is a good illustration of that species of dropsy which is caused by an organic change in the texture of the kidneys, and which Drs. Bright and Christison first made known. We have already stated that the thoracic viscera were sound, and also the liver, which are the organs, to diseased states of which dropsy is usually referable; but in the present case, the 'origo mali' was in the kidneys, and in the secretory part of these, in consequence of which they no longer can relieve the system of superfluous water of the system. Dr. Bright states, that the urine is albuminous in all cases of renal dropsy, and he regards this condition as pathognomonic. Dr. Christison has in similar instances detected urea in the blood. As far as our observations extend, we should say that the quantity of urine is very unusually small, and that it diminishes in the progress of the disease. The thirst is also not so considerable as in other dropsies.

It is still a question, what is the true nature of the changes which the kidneys undergo; it is too much the case in the present day to ascribe every example of ramollissement to a slow inflammation; there is seldom any pain, and if there is, it is rather a dull heaviness than an acute feeling; hæmaturia in several cases has preceded the first symptoms of dropsy. Many cases of what have hitherto been deemed essential, or idiopathic dropsy, are probably of the character of the above-related.

CASE IV.—Contraction and Obliteration of one of the Ureters, with Suppuration of the Kidney.

A man, æt. 73, was brought to the hospital in a state of insensibility; on examining the stomach, a large swelling was felt in the left hypochon-

drium, extending from the edge of the ribs to the crista ili; the patient could give no account of it. He died in an epileptic fit on the following day.

Dissection.—*Ramollissement* of part of the cerebellum. The tumor of the left hypochondrium arose from a diseased kidney; it formed an immense cyst, which distinctly fluctuated under the finger; it extended from the diaphragm to the iliac fossa; when punctured, nearly three pints of true pus flowed out. The pus had not been contained in one bag, but in numerous compartments separated from each other by imperfect partitions; and each of which was lined with a distinct mucous coat. The outward walls of the kidney varied in thickness from one to three inches, and here and there presented some traces of cortical renal tissue; no calculus was found. The ureter was so enlarged as to resemble the large intestine; its upper extremity formed part of, and could not be distinguished from, the pouch of the kidney; it was much thickened, and strongly fibrous; an inch from the bladder, it resumed its natural dimensions, and had been converted into an impervious hard cord. The bladder was healthy. The right kidney double its usual size, and of normal structure.

Remark.—It is probable that the contraction of the ureter was the original cause of all the above mischief.

CASE V.—*Diabetes Mellitus, following Anti-syphilitic treatment—Injurious Effects of an Animal Diet.*

A man, aged 24, a short time after he had passed through a course of mercury, found the following symptoms come on: heat and dryness of the mouth; extraordinary thirst; and great increase of urine: he became gradually worse, and when admitted, his face indicated much distress; a yellow circle round his eyes; extreme emaciation and debility; skin dry; thirst intolerable, with a feeling of pain in the epigastrium; bowels costive; in the course of a night he drank more than 12 pints, and voided by urine as much; during the day the drink exceeded the excretion; the urine was transparent, almost colorless and tasteless, but sugar was found on analysis; for 10 days he was put on an exclusive animal diet; but his stomach could not bear it, and moreover no satisfactory result was obtained. A profuse diarrhœa supervened, and while this lasted, the diuresis was greatly diminished. Symptoms of hectic followed, and he died three or four months after the commencement of the disease.

Dissection.—Extreme emaciation; no vestige of fat; thoracic viscera sound; chylopoietic viscera nearly normal. There was only one kidney, and this was placed transversely across the spine; on each lateral extremity was found a supra-renal capsule, situated in its natural position. The shape of this single kidney was like that of a horse-shoe, convex above; its thinnest portion was that which rested on the vertebræ, and in bulk it equaled two kidneys of ordinary dimensions; the transverse length being from seven to eight inches, and its perpendicular from three to four. Its texture and consistence were quite normal; perhaps only a little gorged with blood. The two pelves were directed forwards, and not inwards as usual; there were two ureters, which were

dilated, equaling in dimensions the little finger. In short, in the present, as in most other cases of this disease, the pathology is most unsatisfactory ; perhaps we should look not so much to the secreting organ, as to the pabulum of secretion, viz. the blood. Animal chemistry may in time elucidate the subject.—*Archives Générales.*

TREATMENT OF INFLAMMATION OF THE LUNGS, BY LARGE DOSES OF TARTARIZED ANTIMONY.

THE following is a resumé of the experience of Dr. Munaret on this subject, taken from the *Gazette Médicale*, wherein the details are published.

Number of cases of acute inflammation of the respiratory organs, treated between the 28th of July, 1831, and the 15th of January, 1833, thirty-seven—viz. pleurisies and pleuro-pneumonies, 22 ; pneumonies, 15—which is about the rate of one case for every fourteen days.

Seasons.—Spring, 6 cases ; summer, 8 ; autumn, 3 ; winter, 20.

Sexes.—Women, 17 ; men, 20.

Ages.—Among the females, between ten and twenty, 2 ; between twenty and thirty, 6 ; between thirty and forty, 4 ; between forty and fifty, 2 ; between fifty and sixty, 1 ; between sixty and seventy, 2.

Among the males, between ten and twenty, 6 ; between twenty and thirty, 3 ; between thirty and forty, 4 ; between forty and fifty, 6 ; between sixty and seventy, 1.

Results.—Recovered, 34 ; died, 3—viz. a blind idiotic girl and paralytic woman, affected for a long time with organic disease of the lungs ; a woman who was doing well, when some other medicine was substituted for the tartar emetic, unknown to Dr. Munaret.

Description of the Method.—In most patients who are of sanguineous temperament, the practice commenced with a bleeding at the arm, repeated according to circumstances. In the more aged and feeble, the application of leeches to the chest was preferred. The *Rasorien* potion was administered thus :—

No. 1.—Distilled Water, 3 v. ; Tartarized Antimony, gr. v. ; Laudanum, gtt. v.

No. 2.—Distilled Water, 3 v. ; Tartarized Antimony, gr. viii. ; Laudanum, gtt. viii.

No. 3.—Distilled Water, 3 v. ; Tartarized Antimony, gr. xii. ; Laudanum, gtt. xvi.

A tablespoonful every two or three hours ; cold water in abundance during the intervals.

As the disease declines, blisters, squills, &c.

Progress of the Disease.—Eleven days the mean duration. Diaphoresis is the constant indication of the medicine acting favorably ; vomiting alone, or accompanied by purging, fourteen times in thirty-seven—viz. in eleven women and three men. A few drops of laudanum added to the potion, overcomes this effect. At other times, and indeed more frequently, purging takes place without vomiting, and without aggravating the principal affection.

Doses of Antimony.—From five to sixty grains, and upwards, in three days ; mean quantity during the treatment, sixteen to twenty days.

Precautions.—Patient and those about him to be made acquainted with the probable effect of the medicine, otherwise it is apt to be discontinued in the absence of the practitioner.

Inference.—Tartar emetic, administered in large doses, and judiciously continued, with antiphlogistics and derivatives, is, to acute inflammations of the chest which are not complicated, what quina is to ague.

CASE OF TRANSFUSION OF BLOOD.

Successful Case of Transfusion of Blood. By DR. SCHNEEMANN, of Hanover.

THE subject of this case was a stout healthy woman, aged thirty, who had already had two children, and at each delivery had suffered considerably from hæmorrhage, before the removal of the placenta. On her third delivery, a violent hæmorrhage set in about two hours after the birth of the child, the placenta being still retained, in spite of the efforts of the midwife to promote its expulsion by friction and pressure on the uterine region ; she then attempted to extract it, but in vain ; she therefore sent at once for Dr. S. On his arrival he found the patient in a faint, which had lasted for some time, and respiration and circulation were scarcely perceptible ; the abdomen seemed pretty much enlarged, but the hæmorrhage had ceased for the time. He immediately ordered her some wine, and a teaspoonful of tincture of cinnamon ; and when she had come a little to herself, introduced his hand into the uterus, and extracted the placenta, first removing the coagula, which had quite plugged up the entrance. The organ then contracted powerfully ; which of course prevented the renewal of the hæmorrhage. The patient now got some more wine, and half a drachm of *secale cornutum* ; the latter being thrice repeated. In consequence, she gradually recovered, so much that Dr. S. did not think it necessary to remain any longer, having been already some hours with her. Accordingly, he ordered her some laudanum, and went away. Soon afterwards, however, the husband of the patient came to him, with the intelligence, that on his wife's turning in the bed, the hæmorrhage had come on again with great violence ; that when he left her she was speechless, and that he feared she would be no more before they returned. Dr. S. at once saw that the only chance of saving the poor woman was to have recourse to the transfusion of blood. Not having a proper apparatus for the purpose, he purchased a syringe with a long pipe, on his way to the patient's house, and brought two medical students with him, as assistants. On their arrival, they found her with every sign of approaching dissolution : the hæmorrhage had ceased, and the uterus was larger than when he had left her. He therefore again introduced his hand into it, removed the large coagula with which it was distended, and, by pressing for a few minutes through its posterior wall on the aorta, endeavored to determine the small quantity of blood that remained, more to the heart and the brain. By this means, together

with pressure on the uterus from without, the organ began to contract and resume its usual size and form : leaving it to the midwife to attend to keeping it so, he next prepared for the operation of transfusion. The husband readily offered his arm ; and, after some difficulties, from the nature of the apparatus, about seven or eight ounces of blood were injected : the man then became so weak and faint that no more could be taken from him. In about half an hour after the operation, the woman began to come to ; and in three hours, with the assistance of wine and other restoratives, she was wonderfully recovered. The hæmorrhage did not again return ; and though she subsequently suffered greatly from inflammation of the wounded vein, in consequence of which she had to undergo a severe salivation, she eventually regained her health and strength, a great paleness of the countenance being the only visible memorial of the danger she had escaped.—*Dublin Journal.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 17, 1833.

PATENT MEDICINES.

WE notice by the last number of the Journal of the Philadelphia College of Pharmacy, that an attempt has been made, by the enterprising members of that association, to give to some of the popular preparations a character which may entitle them to the confidence of the community, and avert the danger with which their employment is at present accompanied. It is well known to the members of the profession, and still better to dealers, that few if any of the old patent medicines conform precisely or even nearly to the model of the original inventor. A large proportion of these go by the name of English preparations, the description of which, when patented, is entered at the office, and there remains a secret until the period of the patent has expired. During this time, therefore, the market is supplied partly with the genuine article, and partly with such imitations as the skill and chemical knowledge of others may enable them to substitute for it. This circumstance of itself produces a very considerable diversity in the preparation of the medicines, and brings into use a variety of articles under the same name. When the patent expires, the recipe becomes known, and may be employed by others ; but it by no means follows, that the article is afterwards manufactured in accordance with it. If the previous imitation has acquired a considerable degree of popularity, it continues to be vended under the same name. It often happens, too, that when these authorized recipes come to be examined, they are found to embrace such a heterogeneous variety, and combined with so little attention to the qualities of the articles, as to make it very doubtful whether such was the real composition of the article, and

render the expediency of adopting it very questionable, if it was. Such changes therefore are introduced, as the fancy and convenience of the preparer may happen to suggest; and among the considerations which receive attention, that of economy is by no means the least important. Hence it will naturally happen, that the more expensive ingredient is either omitted, or its place supplied by something more easily procured; and this substitution will particularly happen, where an article is produced in the locality where the medicine is prepared, similar in its properties to the foreign ingredient.

Did the changes thus gradually introduced, go no farther than to change or modify the inert or less active ingredients in a composition, the alteration would be comparatively unimportant. A somewhat greater or less proportion of saffron, cloves, mace, or anise, in a cathartic preparation, though it might render it more or less agreeable, would not materially affect its virtues. But the evil has not stopped here. Medicines containing opium have been found on examination to vary so greatly, that one preparation has contained ten or even fifteen times the amount of the narcotic which entered into the composition of the other. It is stated of Bateman's Pectoral Drops, that the quantity of opium in one formula is $7\frac{1}{2}$ grains, and in another 106 grains to the pint. In Godfrey's Cordial, an article of much more common use, and which is daily administered to young children, the diversity, though less, is such as has fully justified the condemnation of this article by physicians. It is stated in the article before us, that some of the recipes contain 4.46 parts, and others but .92 parts of opium, in 1000 parts of the liquid; so that the quantity which on the latter supposition contained $\frac{1}{10}$ of a grain of opium, a very proper amount for an infant, would on the former introduce into the system half a grain of the same article.

In view of the facts alluded to, and others of the same kind, the College in May, 1832, appointed a committee to examine such of the formulæ for patent medicines in common use, as should be offered them by the members, and likewise the printed directions which accompany them; and having compared them, to prepare, in such manner as they should judge to be expedient, a set of formulæ to be submitted to the trustees, to be by them laid before the Society, and, if approved, adopted as the received formulæ for those preparations.

The objects which the committee profess to have had in view, in preparing the formulæ in question, are the following:—

1. To form a medicine possessing the chief compatible virtues ascribed to it in the usually accompanying directions.
2. To approach as nearly as is consistent with this design, to the recipes in common use, rejecting inert and superfluous articles.
3. To make the strength of the medicine correspond with the doses ordered in the direction.

4. To direct, in their composition, articles which are easily procured genuine, and of a price such as not to hold out a temptation to alter or adulterate the medicine.

In conformity with these views, the committee presented to the Society eight formulæ, for patent medicines, under the following titles. 1. Hooper's Female Pills. 2. Anderson's Scot's Pills. 3. Bateman's Pectoral Drops. 4. Godfrey's Cordial. 5. Dalby's Carminative. 6. Turlington's Balsam of Life. 7. Steers's Opodeldoc. 8. British Oil. For the particular mode recommended of preparing these, we refer to the paper itself, in which are contained the reasons which influenced the committee in varying from the usual combinations. For quoting the following remarks with which the paper concludes, we offer no apology.

'In conclusion, the committee call the attention of the trustees to the character of the printed directions for these medicines. We are aware that long custom has so strongly associated the idea of the genuineness of the Patent Medicines, with particular shapes of the vials that contain them, and with certain printed labels, as to render an alteration in them an affair of difficulty. Many who use these preparations would not purchase British oil that was put up in a conical vial, nor Turlington's balsam in a cylindrical one. The stamp of the excise, the king's royal patent, the seal and coat of arms which are to prevent counterfeits, the solemn caution against quacks and impostors, and the certified lists of incredible cures, have not even now lost their influence. In stripping these medicines of their extravagant pretensions and false assertions, the committee are aware that they incur some risk of decreasing their sale. As they now stand, however, they carry a falsehood in their very front, and are a reproach to the profession. Owing to the very gross falsifications that have been vended under their name, the confidence of the public in them, and their consequent sale, have no doubt lessened. If the trustees should therefore adopt the report which is now laid before them; have suitable papers of directions for the medicines prepared and printed; and make arrangements for furnishing them to such of the members as should adopt these recipes; the committee believe that the reputation of the college preparations would soon become widely spread, and that we should reap the benefit of the examination which has now been made, in an increased public confidence in the institution and its members; the influence of which would be felt in extending the drug business of our city.

'The committee have made and lay before the board, preparations of each of the formulæ recommended by them.'

GONORRHOEA AND ITS TREATMENT.

It is said to be a very easy thing to cure a gonorrhœa. We have not found it so. One physician will tell you that such a mixture always cures it in five days; another has a preparation that will do the work in three; and a third is so unfortunate that he can seldom entirely remove the complaint in less than a week. Authors of books allow us a month; writers in the periodicals sometimes confess half that time; but the pro-

poser of a new remedy is seldom satisfied with anything more than a day or two. For ourselves, we have treated cases of all kinds, and at all stages of the disease. We have tried all the remedies that have been proposed for the last thirteen years; and when an oil or an extract, a pill or a draught, a simple injection or a patent wash, has been gravely pronounced, on good authority, to have removed the disease in a week, we confess that the remedy has been seized with a great and perhaps foolish degree of confidence, and tried to our heart's content—content, not with its efficacy, but its total inefficiency. Treatment physiological, and treatment empirical, have always failed to cure one full half of all the cases that we have had the misfortune to encounter. The discharge will often disappear in a day or two, or a week or two, and it is in this state of cases that they have probably been published; but it almost invariably comes on again, and, as we before remarked, full one half our cases have been protracted for five or six weeks, or terminated in confirmed gleet.

There is one remedy yet to be tried here, which, like its predecessors, has recently been found, abroad, to surpass all others in the rapidity and effect with which it accomplishes its work. It is an injection of the nitrate of silver, in solution. This practice, the reader will recollect, is condemned by Carmichael, as extremely hazardous, and endangering the sanity if not the integrity of the bladder and its appendages. But it is well known that the precise nature of the action of this remedy on the mucous membrane, has not been understood until very recently. Twenty years ago, a proposition to rub inflamed tonsils or fauces every two or three days with a stick of lunar caustic would have been deemed sufficient evidence of unwarrantable rashness in a physician, if not of absolute insanity or ignorance. Now the practice is most common, and its perfect safety and curative effects every medical practitioner has learnt from his own experience. It is neither surprising, then, that Carmichael should have condemned this proposal eight or ten years ago, nor that it should be now renewed and carried into practice—with what result, we have too much reason to doubt until it has undergone the test of trial under our own eye. Mr. Lucas, an Irish Surgeon, who has recently thus treated this disease, appears to have had a very just view of its obstinate resistance to ordinary remedies; and he says, with regard to these injections, 'the results of my experience as to its efficacy convinced me, that if it be used with a cautious hand, and at a proper time, no bad effects will result, and that this hitherto almost intractable disease will be brought still more under the control of surgical skill.' Those who have used the nitrate of silver most extensively, as a local alterative, are most established in their conviction of its power in subduing diseased action, and the safety with which it may be used on almost any portion of the mucous membrane within reach. Of all parts, that which

is diseased in gonorrhœa is perhaps the one in which the greatest prudence will be required. But if the caution referred to by Mr. L. is uniformly observed, we should regard the remedy as perfectly safe, and as promising more than any other of recent origin.

Ten grains of nitrate of silver, dissolved in one ounce of rose water, constitutes the injection. The urethra should be compressed with the left hand, about two and a half inches from the orifice, to prevent the solution from passing further down the passage, and then the solution injected freely over the diseased surface, by means of a small syringe of bone or ivory. In the cases related, this injection was made at 2 o'clock, and again ten hours after—and here the matter ended. We will offer the details of a single case, which was drawn up by a medical patient, and which appears to be a fair illustration of this treatment.

'Two days after connection, an unusual sensation at the orifice of the urethra directed my attention to the part, and I perceived a slight discharge. Twenty-four hours after, it increased, but supposing the person I had connection with would not have deceived me, I hesitated to use a remedy. The day following, the discharge was so great, of a yellowish color, accompanied with scalding, as to place beyond all doubt the existence of the disease. The nitrate of silver injection was used at two o'clock P.M., and at twelve o'clock that night. The following morning the discharge ceased, but there was no appearance of the purulent drop you led me to anticipate. At the end of two days, when the irritation caused by the injection had ceased, the gonorrhœal discharge returned. The injection was used again for two turns, as before, and at the same hours. The morning following, on pressing the urethra, I forced out a thick drop of purulent matter; no further discharge followed, and the pain gradually subsided.'

In gleet, this injection totally failed.

RULES OF DIET.

It is somewhat remarkable with how much confidence some authors, and among them the most erudite and wise, will prescribe rules of diet on the same page that they condemn a like procedure of those who have written before them. There is scarcely a book on dietetics that does not hold forth the entire impossibility of giving any precise and practicable rules respecting the quantity and quality of food for the healthy or the dyspeptic;—and there is not one in which rules really precise, and pretending to be practicable, are not laid down, and urged on the reader as all-important. Even Dr. Paris, who is not only among the latest, but generally acknowledged to be author of the best treatise on diet, falls into the same error. On page 261 of the last London edition of his work, he says—'I am really inclined to ask with Feyjoo, Did God create Lewis Cornaro to be a rule for all mankind in what they were to eat and drink?

Nothing can be more absurd than to establish a rule of weight and measure upon such occasions. Individuals differ from each other so widely in their capacities for food, that to attempt the construction of a universal standard, is little less absurd than the practice of the philosophical tailors of Laputa, who wrought by mathematical calculation, and entertained a supreme contempt for those humble and illiterate fashioners who went to work by measuring the person of their customer; but Gulliver tells us, that the worst clothes he ever wore were constructed on abstract principles. How, then, it may be asked, shall we be able to direct the proportion of food which it may be proper for an invalid to take? I shall answer this question in the words of Dr. Philip, whose opinion so exactly coincides with my own experience, that it would be difficult to discover a more appropriate manner of expressing it. "The dyspeptic should carefully attend to the first feeling of satiety. There is a moment when the relish given by the appetite ceases: a single mouthful taken after this, oppresses a weak stomach. If he eats slowly, and carefully attends to this feeling, he will never overload the stomach." But that such an indication may not deceive him, let him remember to *eat slowly*. This is an important condition; for when we eat too fast, we introduce a greater quantity of food in the stomach than the gastric juice can at once combine with; the consequence of which is, that hunger may continue for some time after the stomach has received more than would be sufficient, under other circumstances, to induce satiety. The advantage of such a rule, over every artificial method by weight and measure, must be obvious; for it will equally apply to every person, under whatever condition or circumstances he may be placed. If he be of sedentary habits, the feeling of satiety will be sooner induced; and if a concurrence of circumstances should have invigorated his digestive powers, he will find no difficulty in apportioning the increase of his food, so as to meet the exigencies of the occasion.

Thus, literally upon the same page, does Dr. Paris condemn all universal rules as absurd, and prescribe one that he says will apply to every person, under whatever condition or circumstances he may be placed. Nay more—judging from our own experience, we should say that the course so peremptorily condemned is much wiser and of more general application than the one so confidently recommended. Invalids are, in the first place, generally incapable of forming an accurate judgment as to the moment they begin to experience a feeling of satiety; and if this be the rule given, we shall find the quantity of food taken, instead of being adapted to the powers of the digestive organs, and the necessities of the system, will be regulated by the habits, prepossessions, prejudices, and whims of each patient. Instead of being uniform, it will vary, with the same person, at different times—as one notion after another is taken up, or one imagination replaces another equally inconsistent with sound

discretion. Of all persons in the world, a dyspeptic is the last to whose own judgment anything respecting his own case should be left. However sane and sound that judgment may have been in health, in disease it is always impaired, and in this particular affection entirely broken down. We had, a year ago, a dyspeptic patient, who complained for full six weeks that he could eat nothing, and had eaten nothing, 'Is there not something, Doctor, that I can eat, something that will make me sleep?' The whole catalogue of alimentaria we named over and over, but all were loathed, and any one would really have supposed that the poor man was absolutely dying of starvation. But it does not always answer to depend implicitly on the representations of dyspeptics, however pure and principled they may be—for the judgment, as we remarked, is impaired, and the mind diseased. This very person, to whose case we have alluded, may illustrate the remark. On inquiry of the family during his absence, we learnt that this patient ate enormously. Two pints of coffee and half a baker's loaf, constituted his morning meal; smoked salmon and pine apples were in his catalogue, and a large bowl of the strongest hyson tea was his draught before going to bed: and yet the complaint was for food and for sleep. This case we refer to, to show how deceived a person may be respecting the quantity of food he absolutely consumes, and how injudicious it must be to depend on the rules prescribed by Dr. Paris. The above is an extreme case; but, in different degrees, it is a most common case, and we trust it may be an instructive one to others, as it has been to ourselves.

Another reason why we prefer limited amounts of food to the rule of Dr. P. is, that the digestive process is unquestionably interrupted by fixing the attention during a meal on the organs by which this process is performed. Every uneasy sensation is noted and magnified—imagined most probably to be an omen of ill, and thus the difficulty of judging when it is time to stop is increased, and the power of digesting that which is eaten diminished. Whereas, if a definite amount of the right kind of food is placed upon the plate, and the patient knows that this is to constitute the meal, it will be likely to be eaten slowly and cheerfully, the mind may be directed to other objects, and both the meal and the friends at table enjoyed without reserve—a condition we hold in a measure necessary to the full benefit of food to every one, and particularly to a dyspeptic.

Without intending to discuss the subject, we will only observe that the stomach is so capable of education, that it soon accommodates itself to any prudent course of diet that may be prescribed, provided the degree of labor required of it is not too great: and if there is any rule that can with propriety be called universal, it seems to us to be that which gives the weight and measure; and on the other hand, if there is any that will prove practically bad, it is that which leaves these conditions to the judgment of the patient.

PERKINS'S POINTS REDIVIVUS.

THE Edinburgh Medical and Surgical Journal contains the following notice, which we copy entire. It will be not a little amusing to those who are old enough to remember the magic points invented by our countryman, Mr. Perkins of Newburyport, and which, so long as the novelty lasted, had just as much virtue and cured full as many cases of neuralgic affections as will doubtless yield to the Scopula Anodyna Metallica Hildenbrandensis.

THE ANODYNE METALLIC OR GALVANIC BRUSH,

(*Scopula Anodyna Metallica. Annales Scholæ Clinicæ Medicæ Ticinensis.*
Auctore FRANCISCO NOB. AB. HILDENBRAND, M.D. PAVIÆ, 1830.)

UNDER this name, Francis Ernest Von Hildenbrand, Professor of Pathology and Practice of Physic at Pavia, describes a remedy rather singular, for the cure of various neuralgic affections. It consists simply of a bundle of metallic wires (*fascis e filis metallicis confectum*), not thicker than common knitting wires, firmly tied together by wire of the same material, so as to form a cylinder about four or five inches long, and one inch or three-fourths of an inch in diameter. This is applied to the pained part, previously moistened with sea-salt, when it produces relief so instantaneous, it is said, that it appears to the patients like the effect of a charm. Occasionally the pain is immediately entirely extinguished, with the accompanying effect of a peculiar sense of emanation from the spot to which the brush is applied, causing the patients to believe that the pain is truly extracted by this method. On withdrawing the brush, the uneasiness occasionally returns, but in a more endurable form. The longer the application is continued, the more decided is the effect obtained; and phenomena so singular have resulted from its application, as even to astonish intelligent persons quite on their guard against any magical illusion.

In illustration of the remedial effects of this agent, Hildenbrand mentions the following case, which he designates as altogether singular and wonderful. A man of 30, a porter by occupation, afflicted with violent periodical tic douloureux of the face (*metopodynia*), was admitted into the clinical wards of Pavia. On applying the metallic brush over the left frontal nerve, the pain immediately disappeared from that one, but fixed on the corresponding nerve of the right side, which had been previously free from pain. The very moment at which the brush was removed from the left frontal nerve, the pain returned to its original seat, and there remained, though already remarkably abated in intensity. By applying a metallic brush to each supra-orbital nerve simultaneously, the Professor banished the original nerve-ache of the left side, and at the same time prevented it from appearing in the opposite one. The same moment, however, a humming noise arose in each ear, and this also immediately ceased on the brushes being removed, when the nerve-ache returned immediately, though in a very mitigated form.

In order to obtain the desired effect from the use of the anodyne brushes, Professor Von Hildenbrand impresses the necessity of determining, as accurately as possible, the nature of the neuralgia, or the pathological state of the affected nerve. If the pain is merely nervous, that is, proceeding from subversion of the equilibrium between the dyna-

mic factors of the sensitive life, as the Professor, in imitation of his father, expresses it, without material changes having taken place in the affected part—in which case it attacks periodically, like an intermittent disease, and leaves intermissions entirely void of pain—then the efficacy of the metallic brush may be pronounced to be almost infallible. But if, from the pain being uninterrupted, or at least void of perfect intermissions—from its aggravation under pressure of the part, from the conjunction of redness, heat, or swelling—there is reason to believe that the proximate cause of any case of facial neuralgia or hemicrania, consists in a state of active congestion, or sub-inflammatory irritation—then the metallic brush affords no benefit, nay, sometimes may augment the intensity of the pain. By these means Professor Hildenbrand thinks that the metallic brush, while it maintains at least a palliative therapeutic property in neuralgia of spasmodic character, may, in doubtful cases, furnish an auxiliary diagnostic sign, by the aid of which sub-inflammatory congestion may be distinguished from simple nervous erethism.

In the first experiments performed by Professor Hildenbrand, he employed brushes which were intentionally constructed of two kinds of metal; for instance, silver and copper wire, copper wire and zinc wire, or zinc wire and brass wire, the individual wires being mutually mingled and blended, on the supposition that electricity or galvanism, evolved by the contact of heterogeneous metals, might be the beneficial and sanative agent. He afterwards ascertained, however, that bundles of wires of one and the same metal produced an effect scarcely less speedy, but lost their anodyne influence as soon as they were covered by rust or verdigris. He further ascertained, that solid metallic bodies produce analogous effects, but in a much feebler degree than the numerous acuminate points of the bundle consisting of metallic wires. The nature of the metal, he adds, seems to cause no difference; for brushes of iron wire produce the anticipated alleviation in as great a degree as those of copper wire. If he could trust his observations, however, he thinks that he perceived a greater degree of anodyne virtue in copper, iron, and gold, than in other metals.

Admitting that the effect is constant, to explain the theory of its production Professor Hildenbrand does not hesitate to deduce it from the laws of electricity. The original nature of metallic bodies, which are remarkably good conductors of electricity; the rapid action of the brush, if the aching spot has been previously moistened by the saline solution; the remarkable tendency of pointed bodies in attracting electricity; and the sense of emanation, and an agreeable coolness, combined with manifest alleviation of pain admitted by the patients, he regards as no trifling arguments to infer, in the disordered and aching nerves, a certain degree of *electric plethora*, or accumulation of animal electricity, which may be discharged by the application of a suitable conductor. This hypothesis, he lastly remarks, would accurately correspond with the notions delivered in his elements on the accumulation of the imponderable Biotic principle in various parts of the nervous system, as the proximate cause of nervous disorders which attack in paroxysms, and are dissipated by what he denominates autocratic explosions.

DISSECTION IN CONNECTICUT.

We annex the Law, as it passed the General Assembly of the State of Connecticut, authorizing anatomical dissection in that State, and providing the means for conducting it with propriety and profit. Thus is offered, in these United States, a second example of enlightened legislation on this all-important subject—an example that will be followed in other parts of the Union, until all possess the means we now enjoy of perfecting ourselves in that science which is the basis of all medical knowledge and medical skill.

At a General Assembly of the State of Connecticut, holden at Hartford, in said State, on the first Wednesday of May, in the year of our Lord one thousand eight hundred and thirty-three.

AN ACT REGARDING ANATOMICAL AND MEDICAL SCIENCE.

Be it enacted by the Senate and House of Representatives in General Assembly convened, That whenever any person shall die in any town in this State, who may be, at the time of such death, supported by this State, or by any town in this State, or whose interment must be at the expense of this State, or some town within the same; then it shall and may be lawful for any professor of any Medical College in this State, any surgeon or physician duly licensed and residing within this State, to apply in writing to the selectmen of the town in which such person may die, for the body of such deceased person; and in case no kindred, relations or friend of such deceased person, shall, within thirty-six hours after such death may take place, appear and object to the delivery of the body of such deceased person to the professor, surgeon, or physician, who may apply for the same, then the said selectmen may deliver the body of such deceased person to the professor, surgeon or physician as they may deem proper, at any time after the expiration of said thirty-six hours, and the same may be used by the professor, surgeon or physician receiving the same, for the advancement of Anatomical and Medical Science.

Provided always, That before any such dead body shall be delivered up by said selectmen, the person applying for and entitled to receive the same shall give a bond, in the penal sum of five hundred dollars, with sufficient surety, made payable to the Treasurer of the town within which such person died, conditioned that such dead body shall be used for the purposes of advancing Anatomical and Medical Science, and not otherwise, and when so used the remains thereof shall be interred.

Provided also, That the application of any professor belonging to any Medical College in this State, for any such body, within the county where such Medical Institution or College may be situated, shall be entitled to a preference over other applications in the same county.

SAMUEL INGHAM, *Speaker of the House of Representatives.*

EBENEZER STODDARD, *President of the Senate.*

EXPENSES OF DISSECTION IN ENGLAND.

We noticed, some time since, the passage of a bill in the British Parliament for the legalization of anatomical dissection. The bill having proved salutary, it is now proposed to make it permanent; and in order to

defray the expenses attending the execution of its provisions, it is proposed that a fee of £1 1s. be required of every one on first entering the profession, and a license fee be paid by all anatomical teachers. This proposal having received the approbation of lecturers and professors, will undoubtedly be acceptable to a majority of parliament. The plan appears to us singularly ill-judged and unequal. Each professor should with more justice be required to pay the expenses attending the subjects he uses, and his remuneration will be sure, in the proportional number of pupils that will be attracted to his course :—whereas by the general levy, a large number will be required to aid in defraying the expenses of lectures, from which others are to derive all the profit and instruction.

Origin of Acephalocysts.—The following case shows that a mechanical lesion may give to the part injured a disposition to form these parasitical productions. A girl, aged 16, of good constitution, though rather delicate, and who had not menstruated, fell while carrying a pail of water on her head, and struck the front of the thigh with so much violence that she could not rise for some moments. The part was fomented, and got so quickly well that in three days she was able to go about her usual avocations. A little swelling remained, but attracted no particular notice. This occurred in the summer of 1823. However, in June 1824 the swelling had become as large as a hen's egg, and continued to increase until, after severe exercise in the fields continued during the day, the tumor became so large and painful that the patient could neither walk nor stand. Dr. Held, of Fransbourg, by whom the case is related, was then consulted. He found an elastic tumor on the anterior part of the right thigh, and following the course of the rectus muscle. The thigh was about double the size of the other, but the skin retained its natural color. The surgeon at first took it for a lymphatic abscess, and recommended various remedies to relieve pain and inflammation. Nevertheless, fluctuation could not be perceived; but in its place a kind of elastic trembling, like that of firm jelly. However, caustic was applied, which penetrated to the fibrous covering of the thigh, but without reaching the tumor. The ulcer thus formed was kept open till December, but still the tumefaction increased, when at length, in February 1825, the tumor burst spontaneously. Pus, mixed with blood, flowed at first; and then, during five days, a yellowish serous fluid, with thousands of hydatids of different sizes, from a millet-seed to a hen's egg. The hydatids were spheroidal, colorless, neither adherent to each other nor to the adjacent parts. In nine months the swelling was quite reduced, and the limb entirely restored.—*Hecker's Litterarische Annalen.*

Internal Use of Chlorine in Nervous Fever.—Dr. Clemens, of Frankfort, almost always commences the treatment of typhoid affections by an emetic, to which succeed gentle purgatives (neutral salts) continued for several days; five or six evacuations being produced daily. The head is generally relieved by this; but if not, from twelve to twenty leeches are then applied to the forehead, temples, or behind the ears, with cold applications to the head, and a blister to the back of the neck. If, towards the fifth day, nervous symptoms set in, he prescribes two drachms of

chlorine water in three ounces of distilled water, this mixture being taken a spoonful in the course of the day. In administering this medicine, it is necessary to avoid adding any kind of syrup, because it favors decomposition, and it is also necessary to keep the bottle covered with dark paper, and in a dark place. On the sixth day, Dr. Clemens has the patient somewhat more warmly covered, and discontinues the cold applications. During the six or seven days which follow, he makes little change in the treatment, except that the dose of chlorine is gradually increased to four or six drachms daily, in three or four ounces of distilled water. Perspiration generally continues from the sixth or eighth day, and two or three stools are procured. After the fifteenth day the chlorine is changed for a light infusion of valerian, and veal or chicken soup. At the end of three weeks decoction of bark is administered, and meat allowed.

Medizinisches Conversations. No. XV.

Vaccination.—At a meeting of the Academie de Medecine, Paris, of the 26th ultimo, M. Gerardin read a report on the state of vaccination in France; by which it appeared, that, since 1827, the number of persons vaccinated *had diminished very nearly one half!* This fact is deserving the attention of the Committee in our own country, now occupied in investigating the vaccine question.

It appears that, from the time the functions of the Vaccine Board of France, and the maintenance of vaccination, were entrusted to the Academy of Medicine, aided by a few prizes distributed annually by the government to the most zealous inoculators, the number of persons subjected to the protecting influence of the cowpox has progressively diminished. The event alluded to took place nine years ago; and the apprehension of the consequences has recently become so great, that, in a paper of the 23th ult. which now lies before us, the press is urged to co-operate with the Academy in procuring the intervention of 'authority.' In 1827, the number vaccinated in France was 404,495; in 1831, it amounted only to 214,360!—*London Medical Gazette.*

Whole number of deaths in Boston for the fortnight ending July 12, 31. Males, 19—Females, 19. Of riches, 1—scarlet fever, 7—consumption, 6—old age, 1—intemperance, 1—dropsy, 2—bilious colic, 1—white swelling, 1—apoplexy, 2—cancer, 1—inflammation on the brain, 1—canker in the bowels, 3—palsy, 1—lung fever, 1. Stillborn, 1.

ADVERTISEMENTS.

HARVARD UNIVERSITY.

MEDICAL LECTURES.

THE MEDICAL LECTURES in HARVARD UNIVERSITY will begin in the Massachusetts Medical College, Massin Street, Boston, the third Wednesday in October next, at a quarter before nine, A. M., and continue four months.

Anatomy and Surgery, Dr. WARREN.

Chemistry, Dr. WEBSTER.

Materia Medica, Dr. BIGELOW.

Midwifery and Medical Jurisprudence, Dr. CHANNING.

Theory and Practice of Physic, { Dr. JACKSON,

{ Dr. WARR.

WALTER CHANNING, Dean.

Boston, May 15, 1833.

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